A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS MARGIN

Coun	1 PLACE OF DEATH 19578	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Villa	ge or City Near Real House No	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	x 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OW DIVORCED (Write the word)	16 DATE OF DEATH JULY 7 6700, 191 (Month) (Day) (Year)
6 DA	TE OF BIRTH Nov 20 19/J (Month) (Day) (Year) E If LESS than	that I last saw halive on
O bai	yrs mos ds OR min.? CCUPATION) Trade, profession, or riticular kind of work) General nature of industry siness, or establishment in	The CAUSE OF DEATH # was as follows:
"A". Whi	RTHPLACE (State of country) New Rea House, Md,	Contributory Secondary (Durallon) 775 mos.
PARENTS	10 NAME OF FATHER A Bowman 11 BIRTHPLACE OF FATHER (State or country)	(Signad) Cruola Q Jahra, M Nov 20, 1915 (Address) Egloa NY *State the Disease Causino Death, or, in deaths from Violent Causes, state (1) Means of Injuny; and (2) whether Accidental, Suicidal or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) At place In the of death
100 mg	(Informant) arrived 9. Felien (Address) Eglon Mg.	Former or usual residence
15 5	Nov 20 1915 Robb Lathrum	20 UNDERTAKER ADDRESS



[Approved by U. S. Census and American Public Realth Association.]

state occupation at beginning of illness. wife, Housework, or At Home, and children, not gainfully write None. business, that fact may be indicated thus: Farmer (relired or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook, employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton taken to report specifically the occupations of persons "Foreman," "Manager," "Dealer," etc., without more of the second statement. business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stotionary fireman, etc. cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, various pursuits can be known. The question Women at home, who are engaged in Never return "Laborer," Locomotive engineer, Civil But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," Lobar pneumonia, Bronchopneumonia of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., scpsis, tetanus) may be stated head-homicide; Poisoned by SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drawning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths Struck by railway train-accident; Revolver wound "Puerperal peritonitis," etc. cause. Always qualify all diseases resulting from childmus," "Old Age," "Shock," "Uracınia," "Weakness, genital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia, rent) affection need not be stated unless important birth or miscarriage as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility." chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephrilis, etc. cough; Chronic valendar heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of The nature of the injury, as fracture of skull The contributory (secondary or intereur-"PUERPERAL seplichaemia," "Dropsy," carbolic acid-probably State cause for which Never report mere (Recommendations "Atrophy," "Exhaustion," ("Con-



V. S. No. 1.

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT stated classifled. UNFADING INK-THIS IS properly AGE carefully supplied. See instructions on back of certificate. WRITE PLAINLY, WITH should be DEATH in plain terms. of information N. B.—Every Item CAUSE OF I

1 PLACE OF DEATH 19579

Inty Ha Veck 19579



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.....

Village or City Baufwillyno	St.; Ward) St.; Ward) Stockward in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Make State of BIRTH 4 COLOR OR RACE SINGLE, MARRIED, Married WIDOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
7 AGE (Month) (Day (Year) 1 LESS than 1 dayhrs.	that I last saw have allow on 2 C 1915, and that death occurred on the date stated above, at 2 m, The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry.	(Julium my Laterda losis
business, or establishment in which employed (or employer)	(Duration) // yrs mos ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER CHARGE OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 Mailen NAME OF MOTHER.	(Signed) (Ouration) yrs mos ds. (Signed) (Signe
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds. State yrs, mos ds Where was disease contracted.
(Informant) 12 12 A DAGE TO THE BEST OF MY KNOWLEDGE (Informant) 12 12 A DAGE TO THE BEST OF MY KNOWLEDGE (Address) 12 12 A DAGE TO THE BEST OF MY KNOWLEDGE (Address) 12 12 A DAGE TO THE BEST OF MY KNOWLEDGE (Address) 12 12 A DAGE TO THE BEST OF MY KNOWLEDGE (Address) 12 12 A DAGE TO THE BEST OF MY KNOWLEDGE (Informant) 12 12 A DAGE TO THE BEST OF MY KNOWLEDGE (Address) 12 12 A DAGE TO THE BEST OF MY KNOWLEDGE (Address) 12 12 A DAGE TO THE BEST OF MY KNOWLEDGE (Address) 12 12 A DAGE TO THE BEST OF MY KNOWLEDGE (Address) 12 12 A DAGE TO THE BEST OF MY KNOWLEDGE (Address) 12 12 A DAGE TO THE BEST OF MY KNOWLEDGE (Address) 12 12 A DAGE TO THE BEST OF MY KNOWLEDGE (Address) 12 12 A DAGE TO THE BEST OF MY KNOWLEDGE (Address) 12 12 A DAGE TO THE BEST OF MY KNOWLEDGE (Address) 12 12 A DAGE TO THE BEST OF MY KNOWLEDGE (Address) 12 12 A DAGE TO THE BEST OF MY KNOWLEDGE (Address) 12 12 A DAGE TO THE BEST OF MY KNOWLEDGE (Address) 12 12 A DAGE TO THE BEST OF MY KNOWLEDGE (Address) 12 12 A DAGE TO THE BEST OF MY KNOWLEDGE (Address) 12 12 A DAGE TO THE BEST OF MY KNOWLEDGE (Address) 12 12 A DAGE TO THE BEST OF MY KNOWLEDGE (ADDRESS TO THE BEST O	it not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	20 UNDERTAKER EUSELLE Heisten ge Santsville in
more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necness of various pursuits can be known. The question tion is very important, so that the relative healthfulgainfully employed, as At school or At home. Care the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meminges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." The contributory (Recommendations on statement of (secondary or intercurrent)



8. No. 1.

N. B.

RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

19580



STATE OF MARYLAND CERTIFICATE OF DEATH

County Daniel	Registration Dist. No. 170
Vittage or City wilton (No, -	St.; Ward) [If death occurred in a hospital or institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, Married, Widowed, Widowed, Write the word)	(Month) (Day (Year)
Open (Month) (Day (Year)	that I last saw has allve on how PM , 1915
dod know 1 day, hrs. or min.?	and that death occurred on the date stated above, at 5.15. The CAUSE OF DEATH* was as follows:
POCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country)	(Ouration) yrs mos di Contributory Patta Disland
10 NAME OF FATHER Samuel Carrier (State or country) I reland.	(Signed) (Quration) 4 yrs mos discontinuous (Signed) (R. C. Garver, N. E. M. 1916. (Address) Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident Tall, Suicidal, or Homicidal.
12 MAIDEN NAME OF MOTHER And Mcfarland. 13 BIRTHPLACE OF MOTHER (State or country)	TAL, SUICIDAL, OT HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds.
(Interment) Masy Chick	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Down Registrar Filed REGISTRAR	19 PLACE OF BURIAL OR REMOVAL Lawrel Hill Cent 100 / 2 , 191 5 20 UNDERTAKER M Enightons

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. (a) Spinner, Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indivery important, so that the relative healthful-Never return (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of tungs, meninges, peritonaeum, etc., Carcin-

etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis nant neoplasms); Meastes; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caneause of death approved by Committee on Nomenelasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) "Contributory." The contributory Always qualify all diseases resulting from Measles (disease causing death), 29-ds.; (Recommendations on statement of (secondary or intercurrent) "Exhaustion,"



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OCCUPATION

RECORD

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 6 Ift death occurred in St.:....Ward) a hospital or Institution. give its NAME instead of street and number. 1 ²FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINOLE, 3 SEX 4 COLOR OR RACE MARRIEO, mame WIDOWED, (Day) ORDIVORCEO (Write the word) HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Day) (Month) (Year) 7 AGE It LESS than and that death occurred on the date stated above, at. 1 day, hrs. min. ? BECCUPATION (a) Trade, profession, or particular kind of work.... (b) General nature of industry, business, or establishment in which employed (or employer) Contributory..... 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) S 11 BIRTHPLACE ENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. PAR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER State or country of death yrs. mos. ds. State yrs. mos. Where was disease contracted. if not at place of death? Former or usuai residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V.

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REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Fublic Health Association.]

minc, etc. Women at home, who are engaged in the dutles of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age ness of various pursuits can he known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the husiness or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer first line wili he sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, Farmer or Planter, For persons (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage. as "Purrerral scottichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," genitai," "Senile," etc.), "Dropsy," "Exhaustion," "Haart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumenia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _ injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably is less definite; avoid use of "Tumor" for mails. The contributory (secondary or intercurrent) (Recommendations on statement of may he stated under the head "Traemia," "Weakness," (name origin; "Can Examples:



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RECORD

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No... If death occurred to Viffage or City St:.....Ward) a hospital or institution. give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day) OROIVORCEO (Write the word) I HEREBY CERTIFY, That I attended deceased from OF BIRTH (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at. 1 day, hrs. min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) (Duration) 10 NAME OF (Signed) FATHER S (Address) Torendo 11 BIRTHPLACE ENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-PAR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death yrs. mos. ds. State yrs. mos. Where was disease contracted. If not at place of death? usual residence. DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. St No. 1.



[Approved by U. 8, Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekecpers "Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer—('oa) statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line wili be sufficient, e. g., applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer or Planter,

Statement of cause of death—Name, first, the dibease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lodar pneumonia; Bronchopneumonia ("Fneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause. Always qualify all diseases resulting from cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for chlidbirth or miscarriage, as "Purperal scptichaeetc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Meastes (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _______ (name origin; "Can-eer" is less definite; avoid use of "Tumor" for mails ture of the American Medical Association.) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) "Old Age," "Shock." 'Traemia," "Weakness," "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head _ (name origin; "Can-Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR

19596	STATE OF MARYLAND
County For reas	CERTIFICATE OF DEATH
- County	Registered No. 166
Village or City Orceand RA (No.	St; Ward) [It death occorred in a hospital or institution
* FULL NAME frest Wallow	Laceen give its NAME instead of stread and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE Single. Mannieba Whate Environces (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
S DATE OF BIRTH Opi 18, 1,	901 NOV 7, 1915, to The 4, 1915
TAGE If LE	that I last saw halive on
© SCCUPATION (a) Trada, protession, or (particular kind of work. (b) General nature of Industry,	Premone
business, or establishment to which employed (or employer)	Contributory (Duration) yrs. mos. 3 ds.
State or country) Motore Porre 72ed	(Secondary)
10 NAME OF Joseph H. Louis	(Signed) M. C. Huelacy . M. D.
State or country) Prolon Co UNG	2 Nov J 19N (Address) Co-ceased my
11 BIRTHPLACE OF FATHER (State or country) Prolon G WC 12 MAIDEN NAME OF MOTHER Julia Louren	*State the DISEARD CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Former to ried	18 LENGTH OF RESIDENCE (FOR HORPITALE INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place 10 the 11 of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Address Donesed md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Nov. 5, 181,5 Yearland & Jon	20 UNDERTAKER ADDRESS ADDRESS
PEGIST	HAR I Do Z. Haldren Dordenstry



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons material worked on may form part of the second statement. Never return "Laborer," "Foreman," (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is necness of various pursults can be known. The question who have no occupation whatever, write None. ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of lifbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthfui-Statement of occupation-Women at home, who are engaged in the -Precise statement of occupa-As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

scpsis, tetanus) may be stated under the head of Injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver round of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Puraperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genltal," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Annemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 ds. affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailscause of death approved by Committee on Nomencla-"Contributory." which surgical operation was undertaken. For vic-"Heart fallure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never repor valvular heart disease; Chronic interstitial nephritis. ture of the American Medical Association.) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples:



PLACE OF DEATH 10500	STATE OF MARYLAND
County Garries	CERTIFICATE OF DEATH
	Registered No. 166
Village or City Ocaway (No	St; Ward) a hospitat or institution a hospitat or institution give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Presage whit (Write the word)	16 DATE OF DEATH 200 (Menth) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended decessed from
(Month) (Day) (Year)	that I last saw h alive on , 191 , 1
7 AGE If LESS than 1 day,hrs. 2 ds. ORmin.?	Hand that death occurred on the date stated choose of the Ci
8 OCCUPATION (a) Trads, protession, or (a) Trads, protession, or (b) Trads, protession, or	luccuanu
(b) General nature of Industry.	(
business, or establishment in which employed (or employer)	(Ouration) yrs. mos. 03.
S BIRTHPLACE (State or country) Zu 4	Contributory (Secondary)
10 NAME OF Congramm who Facher was	(Signed) 7, 7, 13 and Danley, M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	200 9 181 (Address) October 9 708
of Mother Celary M. Handuplus	TAL, SUICIDAL, OF HOMICIDAL.
18 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos. ds. State yrs, mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or
(Address) Ottoway End	SSUZI FESIGENCE
(AULIESS)	Cause Cerete 200 9, 181 5
Filed Nov. 9th, 1815 Mall tuto	20 UNDERTAKER ADDRESS
d. A. REGISTRAR	1. C. I dalle Vareland

blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an ness of various pursuits can be known. The question wbo have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative bealthful-Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as For many occupations a single word or term on the (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-tirospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the bead injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. childhirth or miscarriage, as "Purrerral septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genitai," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia." "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallg ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nophritis oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples: For vio-



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1 PLACE OF DEATH STATE OF MARYLAND County Syarett CERTIFICATE OF DEATH Registration Dist. No. Iff death occurred to St.:--Ward) a hospital or institution. give its NAME Instead Mabel Hail of street and number. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDDWED. ORDIVERCED (Write the word) (Month) (Day I HEREBY CERTIFY, That I attended decessed from (Month) (Day 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) Yrs. mos ds. which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER 11 BIRTHPLACE . 191 ... (Address) ... ARENT (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

		RANSIEN	
In the			
State	yrs,	mos.	ds

Where was disease contracted If not at place of death?

Former or usual residence..

19 PLA	CE	OF	BURIAL	OR	REMOVAL
11	1		1 1 1		111

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers "Manager," "Dcaler," etc., without more precise specistatement. material worked on may form part of the second tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. ralvular heart disease; Chronic interstitial nephritis, cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopucumonia (secondary), 10 ds. Never report ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the The contributory Always qualify all diseases resulting from (secondary or intercurrent)



V. S. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND

CERTIFICATE OF DEATH

19584



[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. taken to report specifically the occupations of persons employed, as At school or At home. Care should be urfe, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return mobile factory. The material worked on may form part Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, "Foreman," "Manager," "Dealer," etc., mill; (a) Salesman, (b) Grocery; (a) Foreman, business or industry, and therefore an additional line especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planler, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If retired from without more "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uracmia," "Weakness, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. nephritis, etc. The contributory (secondary or intereurcough; Chronic valvular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) "PUERPERAL peritonitis," etc. birth or miscarriage as "Phenpenal septichaemia," cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping by railway train-accident; Revolver Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull "Senile," etc.), "Dropsy," State cause for which Never "Exhaustion," report mere nound of



V. S. No. 1.

RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.

1 PLACE OF DEATH

4020#



STATE OF MARVIAND

1	19080	STATE OF MARTEAND
Co	ounty Sarrett	CERTIFICATE OF DEATH
	/ .	Registration Dist. No. 62
Vii	FULL NAME Howard Klo	St.; Ward) [If death occurred to a hospifal or institution, give its NAME losfead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s	Ale White Single, MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WITH the WORD	16 DATE OF DEATH (Month) (Day (Year)
8 D	May 4, 19/5— (Month) (Day (Year)	that I last saw here alive on Move 12 Th 1915.
7 _A	GE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 4 sep. m, The CAUSE OF DEATH* was as follows:
Opa (a	OCCUPATION) Trade, profession, or thome inticular kind of work) General nature of Industry,	(Hemorhagia form)
hus	siness, or establishment in ich employed (or employer)	(Duration) yrs mos 27 ds.
9 B	(State or country)	Contributory Symmetrica gangement Secondary Loth lege (Duration) yrs mos 7 ds.
	10 NAME OF PATHER Daniel Klote	(Signed) R. P. Bower, M. D.
PARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
PAR	of Mother Jadie Leitzel	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country) Md.	At piace in the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted,
	(Informant) Mary Beilgel	Former or osual residence.
16 FII	(Address) January Harry	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL LE CLEUN MAN MAN MAN MAN MAN MAN MAN MAN MAN MA
	REGISTRAR	In Willering Santwille my
	more blanks are needed, address State Regis	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal Physician, Compositor, Architect, Locomotive cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations minc, etc. "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But In many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indl-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," engineer, (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) Never report



1 PLACE OF DEATH

PERMANENT UNFADING

PHYSICIANS statement of 19586 CERTIFICATE OF DEATH Registration Dist. No. lif death occurred in Ward) a hospital or institution. EXACTLY. give its NAME instead ot street and number. I classified PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE Nov. stated MARRIED, WIOOWED OR DIVORCED (Month) (Year) perly certificate HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH Nov. 24. pino that I last saw h OT alive on NOV. (Day) 7 AGE It LESS than of may and that death occurred on the date stated above. 1 day, hrs. U The CAUSE OF DEATH * was as follows: min. ? OR Septic Infection From that 8 OCCUPATION 00 supplied (a) Trade, profession, or particular kind of work 80 (b) General nature of Industry instructi business, or establishment in terms (Duration) which employed (or employer 9 BIRTHPLACE (State or country) Contributory Secondary caref lain plai 1D NAME OF pe 2 FATHER (Signod) pino important. I 11 BIRTHPLACE RENT OF FATHER d State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) W tul CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 00 0 12 MAIDEN NAME OF MOTHER 24 of informati 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, very OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER of deathyrs. S (State or country) Stata.yrs. Every item of inshould state CAL Where was disease contracted. if not at place of deeth?. Former or usual residence BURIAL OR REMOVAL DATE OF BURIAL 15 m ż If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND



[Approved_by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, write None. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, The material worked on may form part Women at home, who are engaged in "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar meumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tclanus) may be stated head-homicide; Poisoned by carbolic to determine definitely. Examples: Accidental drowning: SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Annemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," "Annemia" (merely symptomatic), "Atrophy," "Colchopracumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important. cough; ('hronic valvular heart disease; Chronic interstitial Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver wound The nature of the injury, as fracture of skull, "Senile," ete.), The contributory (secondary or intercur-"Dropsy," "Exhaustion," acid—probably ("Con-



PLACE OF DEATH 19587	STATE OF MARYLAND
County Lawell	CERTIFICATE OF DEATH
1 = 1 (Q · ·	(NP) Registered No. 1614
* FULL NAME Savarrale	St; Ward) [if desth occurred a hospital or lustifullo giva its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale White (Write the word)	(Month) (Day) (Year)
S DATE OF BIRTH Shil 15, 1866	17 I HEREBY CERTIFY, That I attended decessed from Aug. 3 / 1918, to 2017 / 1915
7 AGE (Month) (Day) (Year) 1 LESS than 1 day,hrs. 0 cmin.?	and that death occurred on the date stated above, at 4 Am The CAUSE OF DEATH * wes as follows:
OCCUPATION (a) Trada, protession, or Housewife	The state of the s
(b) General nature of industry, business, or establishment in which employed (or ampioyer) BIRTHFLACE (State) or country)	Contributory (Secondary)
10 NAME OF June of July	(Signed) Call Carrier M. D.
11 BIRTHPLACE OF FATHER (State or country) Pared Springs Laures Med 12 Maiden Name OF MOTHER C	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL OF HOMEONERS, STATE OF
a Clipabeth siekal	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSJENTS, OR RECENT RESIDENCE)
13 BIRTHPLACE OF MOTHER (State or country) Confirmed Laurentes Med	At place In the of deathyrs, mos ds. Stateyrs, mos ds. Where was disease contracted,
(Informant) ILL Egya LE	furmer or usual residence.
(Address) Academb Mile	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 11 131 191 5
Filed	20 UNDERTAKER PADDRESS



[Approved by U. S. Census and American Fubilc Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-For many occupations a single word or term on the Statement of occupation-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," -Precise statement of occupa-As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medicai Association.) scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATH'S State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioehildbirth or miscarriage, as "Puenperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Meastes (disease causing death), 29 ds. affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is icss definite; avoid use of "Tumor" for mallg cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of __ The contributory "Tuerperal peritonitis," "Old Age," "Shock," "Uraemla," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) etc. (name origin; "Oan State cause for Examples:



	PLACE OF DEATH 19588	STATE OF MARYLAND
C	ounty Carrie	CERTIFICATE OF DEATH
	ounty	Registered No. 166
V	Illage or City Oakland (No.	St; Ward) [It death occurred a hospital or Institution give its NAME instead of street and number.]
	FULL NAME	Lett.
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI	4 COLOR OR RACE S BINGLE, MARRIEO, WIOOWEO, WROUNCED (Write the word)	16 DATE OF DEATH 28 , 1915 (Month) (Day) (Year)
200	ATE OF BIRTH Rose. Work 1915	17 I HEREBY CERTIFY, That I attended deceased from
	(Month) (Day) (Year)	that I last saw houselive on 101 5
7 A	1 day,2	snd that death occurred on the date stated above, at
Ba	yrsds, ORmin. ?	an, and n
12	CCUPATION) Trade, profession, or Manie	Non clevel frames
	General nature of Industry.	Joseph Warmen
bus	iness, or establishment in	(Ouration) yrs mos 65
-	ch employed (or employer)	Contributory
(8	tate or country)	(Secondary)
	10 NAME OF Amos DLu	(Signed) (Si
ENTS	11 BIRTHPLACE (OF FATHER (State or country)	100 7, 1915 (Address) Carcalet Ma
AREN	12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT. CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
4	OF MOTHER Julia Lee	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
	13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs mos ds.
14 _T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
,	Interment) Amos D 2et	Former or usual residence
	(Address) Oakland, Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Fik	Mov, visk, 1915 Marx & White	20 UNDERTAKER ADDRESS
	DIX, REGISTRAR	6d. Wilson Galland, mg
	ix more Dianks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

OTATE OF MALDER AND



[Approved by U. S. Census and American Fublic Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons it should be used only when needed. As examples: additional line is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrereal scriichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion, cause of death approved by Committee on Nomencia-"Contributory." (Recommendations on statement of scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," cer" is less definite; avoid use of "Tumor" for maily. ture of the American Medical Association.) Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Heastes; Whooping cough; Chronic oma. Sarcoma. etc., of .. mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) (name origin; "Can Examples:



1 PLACE OF DEATH

STATE OF MARYLAND
CERTIFICATE OF DEATH Registration Dist. No. / 6 6
St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
of street and number.]
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY. That I attended deceased from
that I last saw have alive on Ocl 2 , 1915
and that death occurred on the date stated above, at
assession of lubes
(Ourstion) yrs. nose
Contributory Secondary Secondary (Bury J., (Durstion) yrs. moe.
(Signed) / W M Domus M. Nor 8 191 6 (Address) Och land Incl.
*State the Disease Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place of death
Where was disease contracted, if not at piece of death? Former or
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Kim mell Grave Fard My9, 191.6.
manus since force

STATE OF MARYLAND



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Hausemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook employed, as Al school or Al home. Care should be wife, Housewark, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many eases, first line will be sufficient, e. g., Farmer or Planter, Physibusiness or industry, and therefore an additional line For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at bonne, who are engaged in Never return "Laborer." (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated surgical operation was undertaken. For violent deaths suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, mus," "Old Age," "Shock," "Tracmia," "Weakness," "Anaemia" (merely symptomatic). "Atrophy, hapse," "Coma," "Convulsions," "Debility" Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning, "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), chapmeumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; ges, perdonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of or miscarriage as "Puerpenal septichaemia," The contributory (secondary or intercur-"Dropsy," "Atrophy," "Exhaustion," H'hooping



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PERMANENT EXACTLY.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf deeth occurred in St .: Ward) a hospital or institution. give its NAME Instead of street and number. I PERSONAL AND STATISTICAL MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED. ORDIVORCED (Write the word) mann (Month) (Dav (Year) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, a 1 dayhrs. OR min. ? GOCCUPATION (a) Trade, profession, or particular kind of work (b) General neture of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary (Duration) 10 NAME OF FATHER (Signed) OF FATHER (State or country) (Address). ARENT *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ _ ds. State yrs., Where was disease contracted. THE ABOVE IS TRUE TO MY KNOWLEDGE If not at place of death? Former or (Informant) usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKE APDRESS REGISTRAR

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dcaler," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: IENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conby earbolic acid-probably suicide. The nature of the ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." The contributory (Recommendations on statement of (secondary or intercurrent) Never report



S. No. 1.

County Garrette Near Friendsville (No	CERTIFICATE OF DEATH Registration Dist. No. 6/ St.; Ward)
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE MARRIED, WIDOWEO, WIDOWEO, OR DIVERGED OR DIVERGED	Medical certificate of death 16 date of death 700 5, 191
Male While (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE 1 dayhrs.	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased fro 700. 2 191.5, to 700. 3 191.5 that I last saw h www allve on 700.5 5 191.5 and that death occurred on the date stated above, at 500.5
B OCCUPATION (a) Trade, profession, or parficular kinds of work (b) Genoral nature of industry, business, or establishment in which amployed (or employer)	The GAUSE OF DEATH* was as follows: Cholera Infantuus (Ouration) yrs. mos. 7.6
PERTHPLACE (State or country) Savulle and	(Signed) (Deration) yrs mos. d (Signed) W. Myaro M. 1
(State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. **SLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds. Where was disease contracted,
(Address) Friendsville Ind.	If not at place of death? Former or usual residence. 19 place of Burial or Removal Date of Burial 20 undertaker Address

If more planks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No.

19591

STATE OF MARYLAND

at I attended deceased from

[If death occurred in a hospital or institution, give its NAME instead of street and number.]



[Approved by U. 8, Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as who receive a definite salary), may be entered as duties of the household only (not paid Housekecpers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or indust y; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," The question "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal septicharmia," "Puerperal peritonitis," etc. State cause for such, if impossible to determine definitely. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUST and qualify as which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 nant neoplasms); Mcasles; Whooping cough; Chronic oma. Surcoma. etc., of . ture of the American Medical Association.) "Contributory." Bronchopncumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," _ (name origin; "Can "Exhaustion," Never report Examples:



1 PLACE OF DEATH

County Bassello 19592	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. /66
Village or City Loselle (No,	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH	16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from 191
7 AGE (Month) (Day) (Year) 7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, attangent
CCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country) (State or country)	(Duration) yrs mos d Contributory Secondary
10 NAME OF FATHER SHAPE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	(Signed) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicioal. 18 Length of Residents At place In the of death We. mos. ds. State, yrs. mos. de
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not all place of death?
(Informant) (Infor	20 UNDERTAKER ADDRESS 20 UNDERTAKER 20 UNDERTAKER 20 UNDERTAKER 20 UNDERTAKER ADDRESS CARCLULATION ADDRESS CARCLULATION
more blanks are needed, address State Registrar,	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

employed, as At school or At home. Care should be the duties of the household only (not paid Housekeepers only when needed. As examples: (a) Spinner, (b) Cotton business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Hausemaid, etc. If the occupation has been changed engaged in domestie service for wages, as Servant, Cook taken to report specifically the occupations of persons wife, Housewark, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm Laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mill: (a) Salesman, (b) Grocery; (a) Fareman, mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. -('oal mine, etc. Statement of Occupation-Precise statement of occupa-Campositor, very important, so that the relative healthful-For persons who have no occupation whatever various pursuits can be known. The question The material worked on may form part Women at home, who are engaged in Architect, Lacomotive engineer, But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchapneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, meninunqualified, is indefinite);

under the head of "Contributory." (Recommendations on Nomenelature of the American Medical Association. on statement of cause of death approved by Committee and consequences (c. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, OF HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "Puerperal perilonitis," birth or miscarriage as "PUERPERAL septichamia," ete., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility!" cough; Chronic valeulas heart disease; Chronic interslitial "Tumor" for malignant neoplasms); Meastes; Whosping to determine definitely. cause. Always qualify all cheases resulting from childgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia, chopmeumonia (secondary), 10 ds. rent) affection need not be stated unless important nephritis, etc. "Heart failure," "Hacmorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bron-"Old Age," "Shock," "Uracmia," "Weakness," by railway The contributory (secondary or intercurtrain-accident; Revolver Examples: Accidental drowning, (AC. "Dropsy," "Exhaustion," State cause for which Never ACCIDENTAL, report mere n.o.und ("Con-



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PHYSICIANS should of OCCUPATION IS

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DEATH in plain

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19593 PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED Moure (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH that I last saw h_ (Month) (Day (Year) TAGE If LESS than 1 day hrs. OR 7 BOCCUPATION (a) Trade, protession, or particular kind of work.... (b) General nature of industry. business, or establishment in which employed (or employer) BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER PARENTS 191 2 (Address) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country ot death _____ yrs. ____ mos. ___ ds. Where was disease contracted. If not at place of death?-Former or usual residence 19 PLACE OF BURIAL OR REMOVAL 15

lans

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ...

Ilt death occurred inWard)

(Day

a hospital or institution. give Its NAME Instead ot street and number.]

(Year)

and that death occurred on the date stated above, at (Duration) _2b_____scm__ *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. in the Slate ____ yrs. ___ mos. DATE OF BURIAL Dec, 22d, 19157 20 UNDERTAKER ADDRESS

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement: Never return "Laborer," it should be used only when needed. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Preeise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and eonsequences (e. g., mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as childbirth or misearriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never neport valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. mia," "Puerreral peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing (Recommendations on statement of death), 29 ds.; For vio-



UNFADING INK-THIS IS

PLAINLY, WITH

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of information should be in plain

DEATH

B.—Every Item CAUSE OF

important.

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ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very

properly classified.

AGE

carefully supplied. may be

See instructions on back of certificate.

RECORD

PERMANENT

1 PLACE OF DEATH

19594

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[If death occurred in a hospital or institutioe, give its NAME Instead of street and number.]

	PERSO	NAL AND	STATIST	CAL PA	RTICULA	RS
SE	x comple	1	ron RACE	S SING!	IED,	rđ)
DA	TE OF BIRTH	1	lov		9	, 1915
AG	E		(Month)	mos,	(Day	(Year) If LESS that t day,hrs
(a) pari (b) busii whic	CUPATION Trade, profession, ticular kind of wo General nature o ness, or establi th employed (or e	rk f industry, shment in	1			
(a) (b) busin whice	Trade, profession, ticular kind of wo General nature o ness, or establish employed (or e RTHPLACE (State or county)	rk	L	870		49
(b) bushin which	Trade, profession, ficular kind of wo General nature on ness, or establish employed (or extraped or country). The country of t	rk	N. S	870	Co l	49
(a) part (b) busin which	Trade, profession, ficular kind of wo General nature on ness, or establish employed (or extraped or country). The country of t	findustry, shment in mplayer) atry) delicer country)	N. S	8 Chy		49

MEDICAL	CERTIFICATE	OF DEATH	
6 DATE OF DEATH	Nov (Month)	/4 (Day	, 191 <u>5</u>
17 I HEREB			
17	I CERTIFI, IN	t i attended de	ceased from
ner 7	1915, to	lov 14	, 191.5
hat I last saw have a	livs on 2	lve 11	, 1915
and that death occurred	on the date stat	ed above, at /	1 9 m
The CAUSE OF DEATH	Cterus 9	Travida	rum,
	(Duration)	Jrs	nosds.
Contributory			
Secondary	/sporation/) gyrs	man da
1/1,	The state of the s	7	mvs
(Signed) / W	101	omas	N. D.
mor 15, 1915	(Address)	A lend	Mal
*State the Disease (Causes, state (1) Me. Tal, Suicidal, or Hom	ANS OF INJURY:	or, in deaths fr and (2) wheth	om VIOLENT er Acciden-
18 LENGTH OF RESIDENTS)	CE (FOR HOSPITA		TRANSIENTS

nere was disease contracted. nof at place of death?

rmer or ual residence

DATE OF BURIAL

20 UNDERTAKER

REGISTRAR

ADDRESS

more blanks are needed, address State Registrar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons causing death, state occupation at beginning of illbeen changed or given up on account of the disease Screant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerchrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., mia," "PUERTERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallnre," "Haemorrhage," "Inanition," "Narasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from Mcasles (disease causing (Recommendations on statement of death), 29 ds.; "Exhaustion," For vio-



tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD

of information should be carefully supplied. AGE should be so DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

N. B.—Every Item of information CAUSE OF DEATH in plai Important. See instructions

WRITE PLAINLY, WITH UNFADING INK-THIS IS

PERMANENT stated EXACTLY.

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The state of the s	
PLACE OF DEATH	STATE OF MARYLAND
County Kerned 19595	CERTIFICATE OF DEATH
6	Registration Dist. No.
Mars Horman	Tit death occurred in
Village or City (No,	St.; Ward) a hospital or institution,
Hope of	give its NAME Instead of street and number.]
2FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR BACE 5 SINGLE, MARRIED, Married	16 DATE OF DEATH 700 25 1015
Mile WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)
8 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
Dec 30 1844	, 191, to, 191,
(Month) (Day (Year) 7 AGE If LESS than	that I last saw h alive on,191
1 dayhrs.	and that death occurred on the date atated above, at
yrs mos 25 ds OR min.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or Harma	Nat The Doctor
particular kind of work.	Out Mus it was apopleyer
business, or establishment in	(Duration)yrsmosds.
which employed (or employer) BIRTHPLACE	Contributory
(State or country)	Secondary
10 NAME OF FATHER	(Duration) yrs mos ds.
The Suringa	Signed) The same of the same o
11 BIRTHPLACE OF FATHER (Extre or country)	19150 7 1, 1913. (Address) Backwille Free
12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VILLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
a OF MOTHER Clegaloth Dear	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPASE
13 BIRTHPLACE OF MOTHER (State or country)	Af place in the
	ot deathyrs mos ds. State yrs mos ds Where was disease contracted.
William Kur	It not at place of death?
(Intermant)	Former or usual residence
(Address)	DATE OF BURIAL
16 m/m = 16 150	I few Termany mes Mr 28, 1915

20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified; is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably cause of dcath approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ture of the American Medical Association.) The contributory Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent)

